

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044380

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 150 Primary Registration District No. 5574 Registrar's No. 67

FILED DEC 5 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lake Lotawana		c. CITY OR TOWN Lake Lotawana	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K-7		d. STREET ADDRESS K-7	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Morven Middle Thomas Last Curran		4. DATE OF DEATH Month Nov. Day 28 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 24, 1910
9. AGE (last birthday) 53		IF UNDER 1 YEAR Months 53 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) D. D.S.		10b. KIND OF BUSINESS OR INDUSTRY Dentistry	
11. BIRTHPLACE (City and state or country) Sydney, Australia		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Edward J. Curran		13b. MOTHER'S MAIDEN NAME Emmeline Waddell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Corothy R. Curran, K7, Lake Lotawana, Mo.	
17. INFORMANT Corothy R. Curran, K7, Lake Lotawana, Mo.		17. ADDRESS Leels Summit, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Arteriosclerotic Heart Dis DUE TO (c) 15 mo Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 hr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Duodenal Ulcer		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 12:30 a.m. 0 p.m. 0	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Kansas City, Mo.	
21. I attended the deceased from 12-3-61 to 11-28-63 and last saw him alive on 10-11-63 Death occurred at 11:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Arthur M. Barker M.D.	
22b. ADDRESS 928 Argyle Bldg		22c. DATE SIGNED 11-29-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-30-63	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) Kansas City, Mo.		23e. DATE RECD. BY LOCAL REG. 12-3-1963	
24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.		25. REGISTRAR'S SIGNATURE D. B. Longford	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Mr. Joseph A. Starcher
328 met. Pliny Bldg
2441 1150 Ave
Robert Parker
Dec 2-3233
928 Argyle Bldg
12:30-6:30 p.m.

DEC 6 1963

JAN 2 1964

STATEMENT BY LICENSED EMBALMER

0-02

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *William M. Turner*

Licensed Embalmer No. *4648*

P. O. Address *Kansas City, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.